Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                           | S FILED - PART I<br>(Column 1) (Co                 |                                   |              | umn 2)           | SMALL ENTITY TYPE |            |                        | OR   | OTHER THAN A SMALL ENTITY |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------|--------------|------------------|-------------------|------------|------------------------|------|---------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                           | 2 x                                                |                                   |              | . '              |                   | RATE       | FEE                    | 7    | RATE                      | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                           | NUMBER FILED                                       |                                   | NUMBER EXTRA |                  |                   | BASIC FEI  | 385.00                 | OR   | BASIC FEE                 | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           | 2 % minus 20=                                      |                                   | * 8          |                  |                   | XS 9=      |                        | OR   | XS18=                     |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                           | ¥ m                                                | inus 3 =                          | * 1          |                  |                   | X43=       |                        | OR   | X86=                      |                        |  |
| Мι                                                                                                                                                                                                                                                                                                                                                                                                          | JLTIPLE DEPE                                                                          | NDENT CLAIM P                             | RESENT                                             |                                   |              |                  |                   | +145=      |                        | OR   | ÷290=                     |                        |  |
| * 11                                                                                                                                                                                                                                                                                                                                                                                                        | the difference                                                                        | e in column 1 is                          | less than zero, enter "0" ir                       |                                   |              | column 2         |                   | TOTAL      |                        | OR   | TOTAL                     |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                           |                                                    |                                   |              |                  |                   |            |                        |      | OTHER                     |                        |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                           | <del>,                                      </del> | (Colum                            |              | (Column 3)       |                   | SMALL      | ENTITY                 | OR   | SMALL                     | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                 | ·                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                    | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA |                   | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus                                              | **                                |              | `=               |                   | XS 9=      |                        | OR   | X\$18=                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                                                           | *                                         | Minus                                              | ***                               |              | =                |                   | X43=       |                        | OR   | X86=                      |                        |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                                                    |                                   |              |                  |                   | . 1 45     |                        | 1    | . 200                     |                        |  |
| 1-19-24-27                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                           |                                                    |                                   |              |                  | L                 | +145=      |                        | OR   | +290=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | . ,                                                                                   |                                           |                                                    |                                   |              |                  |                   | ADDIT. FEE |                        | OR,  | ADDIT. FEE                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | (Column 1) (Column 2) (Column 2) (Column 2)                                           |                                           |                                                    |                                   |              |                  | 1 -               |            |                        |      |                           |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                                                    | NUMB<br>PREVIO                    | ER<br>USLY   | PRESENT<br>EXTRA |                   | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus                                              | **                                |              | = .              |                   | X\$ 9=     |                        | OR   | X\$18=                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                                                           | *                                         | Minus                                              | #r#r#                             |              | =                |                   | X43=       |                        | OR   | X86=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESE                                                                           | NTATION OF MU                             | ILTIPLE DEP                                        | ENDENT                            | CLAIM        |                  | <sup> </sup>      | +145=      |                        | OR   | +290=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                           |                                                    |                                   |              |                  | L                 | TOTAL      |                        |      | TOTAL                     |                        |  |
| (Caluma 4)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                           |                                                    |                                   |              |                  |                   | DDIT. FEE  |                        | 1011 | ADDIT. FEE                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | (Column 1)<br>CLAIMS                      |                                                    | (Colum<br>HIGHE                   |              | (Column 3)       | _                 | ·          | 400                    |      |                           | 4554                   |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                                                    | NUMBI<br>PREVIOL<br>PAID F        | JSLY         | PRESENT<br>EXTRA |                   | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus                                              | **                                |              | =                |                   | X\$ 9=     |                        | OR   | X\$18=                    |                        |  |
| A ME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                                                           |                                           | Minus                                              | ***                               |              | =                | 上                 | X43=       |                        | ı    | X86=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESE                                                                           | NTATION OF MU                             | LTIPLE DEP                                         | ENDENT (                          | CLAIM        |                  | +                 | +145=      |                        | OR   |                           |                        |  |
| • 11                                                                                                                                                                                                                                                                                                                                                                                                        | • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                                                    |                                   |              |                  |                   |            |                        | OR   | +290=                     |                        |  |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                           |                                                    |                                   |              |                  |                   |            |                        |      |                           |                        |  |